STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155632	A. BUILDING _____ B. WING _____	R 10/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LODGE OF THE WABASH	**723 E RAMSEY RD VINCENNES, IN 47591**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}		

This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on 9/14/11.

This visit was completed in conjunction with the PSR to the PSR to the Investigation of Complaint IN00092333.

Survey Date: October 24, 2011

Facility number: 001138
Provider number: 115632
AIM number: 200157070

Survey team:
Carole McDaniel RN TC

Census bed type:
SNF/NF: 54
Residential: 18
Total: 72

Census payor type:
Medicare: 3
Medicaid: 56
Other: 13
Total: 72

Sample: 7

Lodge of the Wabash was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey.

Quality review 10/25/11 by Suzanne Williams, RN

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE